

RIGHT-OF-WAY USE PERMIT WITHOUT EXCAVATION

(Event that May Disrupt Normal Use of Public Facilities)
City of Baraboo, 101 South Boulevard, Baraboo, WI 53913
608-355-2700 or 608-356-9666 (fax)

Per Section 7.19 Municipal Code of Baraboo: The streets and sidewalks of the City are primarily for the use of the public in the ordinary way. A permit may be granted for the use of City public infrastructure subject to reasonable City regulation and control. As a condition of the permit, the applicant is responsible for the cleanup of all streets, sidewalks, alleys, parking lots, tree banks or other public infrastructure within the area of the right-of-way permit within 24 hours of termination of activities.

Name of Applicant: _____

Address: _____

Telephone Number: (include all possible contact numbers) _____

Name of Property Owner, Business or Organization: _____

Address: _____

Telephone Number: (include all possible contact numbers) _____

Name of Contractor: (if applicable) _____

Address: _____

Telephone Number: (include all possible contact numbers) _____

Check Purpose for Which You Are Requesting This Permit:

- | | | |
|---|---|---|
| <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Move Building | <input type="checkbox"/> Gravel/Dirt Pile on Street |
| <input type="checkbox"/> Building Repair | <input type="checkbox"/> Reserve 2 Hr Parking Stall | <input type="checkbox"/> Construction Trailer Over 24 hours |
| <input type="checkbox"/> Dumpster on Street | <input type="checkbox"/> Merchant Parking | <input type="checkbox"/> Other _____ |

Date(s) of Event: _____ Duration: (Start) _____ (Finish) _____
(Cannot exceed 5 days duration)

If less than full day, specify hours: _____

Street Name(s) and specific block(s) thereof, including alley(s), parking lot(s), parking stall(s) and sidewalk(s) that will be closed or impaired from normal use as a result of this permit:

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Fee due at time of filing, non-refundable and non-transferable. **\$50** if all of the following apply: Involves only one parcel, not exceed 5 days, ROW closed for temporary storage of materials or building maintenance. **\$75** if the above conditions not met. **\$150** if moving a building. **Fees doubled if work starts before application.** Merchant Parking \$25/Stall 100-10-44290 Receipt # _____

Handicap Parking Guidelines (where applicable): The Sponsor acknowledges that if an event closes a street or parking lot, all handicap spaces eliminated must be replaced on a 1-to-1 basis. A map is attached to this application. Please indicate which stalls will be relocated including their temporary relocation.

of handicap spaces eliminated: _____ # of handicap spaces replaced: _____

Compliance with Ordinance: The applicant is responsible for providing all required safety devices necessary to protect the public. Traffic control devices shall be placed in accordance with Section VI of the Manual of Uniform Traffic Control Devices. Additional devices may be required by the City Engineer. Devices may include barriers, barricades, lighting and warning tape. Excavations in the public right-of-way are not allowed with this permit.

Signature of Applicant: _____ Date: _____
(Applicant understands that they are directly responsible for complying with all requirements of this permit.)

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DEPARTMENT HEAD REVIEW, APPROVAL AND CONDITIONS

Reviewer Analysis:

Event more than 5 days in duration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permit involves more than one parcel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ROW closed other than for storage of materials Or building maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If all above answers are NO, then permit is \$50 and can be issued upon approval of City Engineer.

Any YES answer forwards the application to the Public Works Committee and the permit fee is \$75 dollars.

City Engineer: (For Approval Purposes)

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Signature	Date	<input type="checkbox"/> Referred to Public Works Comm.	

Special Requirements/Conditions: _____

Safety Coordinator: (For Inspection Purposes)

_____	_____	<input type="checkbox"/> In Compliance	<input type="checkbox"/> Not in Compliance
Signature	Date		

Conditions upon Inspection: _____

Routed to Internal Departments (For Information Purposes)

<input type="checkbox"/> Street Superintendent	<input type="checkbox"/> Utilities
<input type="checkbox"/> Safety Coordinator	<input type="checkbox"/> Police Chief
<input type="checkbox"/> Clerk Files	<input type="checkbox"/> Fire Chief